

9106

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of	District of	BUREAU OF VITAL STATISTICS	State Index No.
<u>Graham</u>			<u>268</u>
Town of <u>Duncan</u>		Co. Register No. <u>10</u>	
City of		Local Registrar's No.	
(No. _____)		St.; _____ Ward)	
FULL NAME OF CHILD <u>Ruth Marie Burtcher</u>		Born	<u>NO</u>
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<u>YES</u>
Sex of Child <u>Female</u>	Twin, Triplet or other <u>X</u>	and	
Number in order of birth <u>X</u>	Legitimate? <u>Yes</u>	Date of Birth <u>June 22 1920</u>	(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Arthur Robert Burtcher</u>		Full Maiden Name <u>Mary Fern Lippeto</u>	
Residence <u>Duncan Az</u>		Residence <u>Duncan Az</u>	
Color or Race <u>White</u>	Age at last Birthday <u>24</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>21</u> (Years)
Birthplace <u>New Mex</u>		Birthplace <u>Ariz</u>	
Occupation <u>Stock raising</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1st</u>	Number of Children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on June 22 1920, at 3 P. M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. B. Bailey
(Attending physician, midwife, householder.*)

Given or Christian name added from a supplemental report _____ 191_____

Address Duncan Az
John Evans
LOCAL REGISTRAR.

929-622-432
COUNTY REGISTRAR.

A True Copy
Filed 7-12-1920
P. A. ...
COUNTY REGISTRAR.